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# Quest™

QUICK  
ENERGY SAVINGS TEST

MISSOURI DEPARTMENT OF  
NATURAL RESOURCES  
DIVISION OF ENERGY  
OFFERS A FREE AND EASY  
WAY TO FIND OUT  
HOW ENERGY EFFICIENT  
YOUR HOME IS

PLACE  
STAMP  
HERE

RETURN ADDRESS

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
Division of Energy  
P.O. Box 176  
Jefferson City, MO 65102

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## Home Energy Analysis



**E**fficient energy use is an important part of business here at the Missouri Department of Natural Resources. That's why the department's Division of Energy invites you to participate in our QUEST Home Energy Analysis Program. QUEST stands for Quick Energy Savings Test and that's exactly what it is — a fast energy analysis of your home. The analysis is performed with information provided by you.

Just fill in the blanks. The questions are easy to answer. Soon after you mail your QUEST form to the department's Division of Energy, you'll receive a customized analysis of your home's energy usage and some practical energy-saving suggestions. This service is offered to you at no charge.

Mail your completed form to:

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
Division of Energy  
P.O. Box 176  
Jefferson City, MO 65102



# QUESTionnaire

For office use only

QUEST NUMBER: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Please check the appropriate response or fill in the data requested.

1. I live in a:
- ☐ Single-family residence
  - ☐ Multi-family residence
  - How many units? \_\_\_\_\_
  - ☐ Mobile home

My home has \_\_\_\_\_ story(ies) (include heated basement if used as living area).

Do you own or rent your residence? (check one)

☐ Own ☐ Rent

My home has approximately \_\_\_\_\_ square feet of living area that is heated and/or cooled. (Or, \_\_\_\_\_ number of rooms, including bathrooms.)

My house is approximately \_\_\_\_\_ years old.

2. The outside walls of my home are constructed of:
- ☐ Brick/stone veneer
  - ☐ Wood or frame
  - ☐ Aluminum/vinyl siding
  - ☐ Solid masonry
  - ☐ Other \_\_\_\_\_

These exterior walls are:

- |  |  |
|--|--|
| <input type="checkbox"/> All insulated       | <input type="checkbox"/> Not insulated |
| <input type="checkbox"/> Partially insulated | <input type="checkbox"/> Don't know    |

3. My home is constructed over:

- ☐ A concrete slab
- ☐ An open crawl space
- ☐ An enclosed crawl space
- ☐ Another apartment
- ☐ A basement

These floors are:

- |  |  |
|--|--|
| <input type="checkbox"/> All insulated       | <input type="checkbox"/> Not insulated |
| <input type="checkbox"/> Partially insulated | <input type="checkbox"/> Don't know    |

If your home is located over a basement, is your basement:

- |                                 |                                   |
|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Heated | <input type="checkbox"/> Unheated |
|---------------------------------|-----------------------------------|

The basement walls are:

- |  |  |
|--|--|
| <input type="checkbox"/> All insulated       | <input type="checkbox"/> Not insulated |
| <input type="checkbox"/> Partially insulated | <input type="checkbox"/> Don't know    |

4. Attic insulation:

- \_\_\_\_\_ R-value
- \_\_\_\_\_ Inches of insulation (if R-value unknown)
- ☐ Don't know
  - ☐ No attic (such as in a mobile home or a home with a flat roof)
  - ☐ Another residence above (such as an apartment)

5. Tell us about the windows you have in your home. A "small" window is less than 10 square feet, an "average" window is 10-15 square feet, and a "large" window is greater than 15 square feet. (Square feet is window width times window height.)

- a. Number of windows:

\_\_\_\_\_ Small \_\_\_\_\_ Average \_\_\_\_\_ Large

- b. From the outside (in the summer), these windows are:

- ☐ Unshaded from the sun
- ☐ Partially shaded
- ☐ Completely shaded by trees, buildings, solar screens, etc.

- c. On the inside, these windows:

- ☐ Are all covered with shades, curtains, etc.
- ☐ Are partially shaded
- ☐ Have no inside shade

- d. My windows are:

- ☐ Single-pane glass
- ☐ Double-pane glass or single pane with storm windows
- ☐ Some storm windows or double-pane glass

6. I consider my home to be:

- ☐ Fairly air tight (weatherstripped; few noticeable drafts; no fireplace; etc.)
- ☐ Probably of average tightness (homes with fireplaces)
- ☐ Fairly loose (noticeably drafty; little or no weatherstripping; etc.)

7. List your primary and backup (if you have one) fuel source to heat your home:

- a. Type of heating fuel:

**PRIMARY HEATING FUEL**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Natural gas | <input type="checkbox"/> Wood        |
| <input type="checkbox"/> Electric    | <input type="checkbox"/> Fuel oil    |
| <input type="checkbox"/> LP/propane  | <input type="checkbox"/> Other _____ |

**BACKUP HEATING FUEL**

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Natural gas | <input type="checkbox"/> Wood        |
| <input type="checkbox"/> Electric    | <input type="checkbox"/> Fuel oil    |
| <input type="checkbox"/> LP/propane  | <input type="checkbox"/> Other _____ |

- b. Type of heating system:

**PRIMARY**

- |  |  |
|--|--|
| <input type="checkbox"/> Forced air      | <input type="checkbox"/> Baseboard         |
| <input type="checkbox"/> Hot water/steam | <input type="checkbox"/> Room space heater |
| <input type="checkbox"/> Heat pump       | <input type="checkbox"/> Other _____       |

**BACKUP**

- |  |  |
|--|--|
| <input type="checkbox"/> Forced air      | <input type="checkbox"/> Baseboard         |
| <input type="checkbox"/> Hot water/steam | <input type="checkbox"/> Room space heater |
| <input type="checkbox"/> Heat pump       | <input type="checkbox"/> Other _____       |

8. What is the age in years of your heating system?

\_\_\_\_\_ Primary \_\_\_\_\_ Backup

9. What type of water heating system do you have?

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Natural gas | <input type="checkbox"/> Solar       |
| <input type="checkbox"/> Electric    | <input type="checkbox"/> None        |
| <input type="checkbox"/> LP/propane  | <input type="checkbox"/> Other _____ |

10. Air Conditioning:

- a. Type of air-conditioning system:

- ☐ No air-conditioning system
- ☐ Natural gas
- ☐ Electric

- b. Number of:

\_\_\_\_\_ Central systems

\_\_\_\_\_ Room air conditioners

- c. What is the age in years of your air-conditioning system? \_\_\_\_\_

11. The highest and lowest monthly utility bills that I have paid in the past heating and cooling seasons are about:

	SUMMER	WINTER
High electric	\$ _____	\$ _____
Low electric	\$ _____	\$ _____
High natural gas	\$ _____	\$ _____
Low natural gas	\$ _____	\$ _____

Other fuels:

LPG: \_\_\_\_\_ gallons at \_\_\_\_\_ dollars/year

Wood: \_\_\_\_\_ cords at \_\_\_\_\_ dollars/year

Fuel oil: \_\_\_\_\_ gallons at \_\_\_\_\_ dollars/year

Other: \_\_\_\_\_ at \_\_\_\_\_ dollars/year

12. My thermostat settings are:

**HEATING**

_____ °F Daytime	_____ °F
_____ °F Evening	_____ °F
_____ °F Weekend	_____ °F
_____ °F Sleeping	_____ °F

**COOLING**

My home's temperature is:

**WINTER**

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> Cool    | <input type="checkbox"/> Cool    |
| <input type="checkbox"/> Average | <input type="checkbox"/> Average |
| <input type="checkbox"/> Warm    | <input type="checkbox"/> Warm    |

**SUMMER**

13. Write in the number of each major appliance that you have in your home.

\_\_\_\_\_ Dishwasher

\_\_\_\_\_ Microwave oven

\_\_\_\_\_ Clothes washer

\_\_\_\_\_ Clothes dryer [ ] gas [ ] electric

\_\_\_\_\_ Heated water bed

\_\_\_\_\_ Home computer

\_\_\_\_\_ Ceiling fans

\_\_\_\_\_ Portable fans

\_\_\_\_\_ Refrigerators/freezers

\_\_\_\_\_ Television sets

\_\_\_\_\_ Dehumidifiers

\_\_\_\_\_ Humidifiers

\_\_\_\_\_ Range/oven [ ] gas [ ] electric

\_\_\_\_\_ Yard light [ ] gas [ ] electric

\_\_\_\_\_ Pool - heat

[ ] gas [ ] electric [ ] no heat

\_\_\_\_\_ Hot tub - heat

[ ] gas [ ] electric [ ] no heat

14. In trying to conserve energy in my home, I have (check all that you have done):

- ☐ Lowered my hot water temperature
- ☐ Installed water heater insulation
- ☐ Caulked and weatherstripped
- ☐ Replaced my heating system
- ☐ Replaced my air conditioning
- ☐ Changed/cleaned filters
- ☐ Added ceiling insulation
- ☐ Added wall insulation
- ☐ Added basement wall insulation
- ☐ Added floor insulation
- ☐ Added mobile home skirting
- ☐ Added a clock thermostat
- ☐ Added storm/multi-pane windows
- ☐ Added glass fireplace screen
- ☐ Installed water flow restrictors

15. The number of people living in my home is \_\_\_\_\_. Are elderly persons or infants at home most of the time? [ ] YES [ ] NO